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ABSTRACT

This paper focuses on the problems of discrimination and disadvantagement faced by Asian and Pacific Americans. It is argued that discrimination and institutional racism have a negative effect on the mental health of this minority group. Recommendations made by a subpanel to the President's Commission on Mental Health to deal with these problems are outlined. They include: (1) provisions in mental health policies to acknowledge the unique cultures, languages, and lifestyles of Asian and Pacific Americans; (2) the enactment of an income maintenance program; (3) repeal of discriminatory legislation; (4) equity for immigrants and refugees coming to the United States; (5) recognition of the rights of Asian and Pacific American patients in health and mental health settings; (6) the enactment of a bill to establish a Division for Minority Group Mental Health Council and other advisory bodies; and (8) the allocation of funds for the development and support of bilingual and bicultural rehabilitation programs for Asian and Pacific Americans with developmental needs. (Author/EB)

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ASIAN PACIFIC AMERICAN MENTAL HEALTH NEEDS FOR THE FUTURE

by

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Asian and Pacific Americans are one of the most complex, diverse and misunderstood minority groups in the United States. Asian and Pacific Americans include Chinese, Japanese, Koreans, Filipinos, East Indians, Pakistanis, Thais, Hawaiins, Guamanians, and Samoans from the U. S. Trust Territories in the Pacific; and Cambodians, Vietnamese, and other Indo-Chinese "refugees." Thus the group consists of over three million people who now live in this country and who are victims of many of the same social, economic, and political inequities that have victimized Blacks, Hospanics, and Native Americans.

There is a widespread belief that Asian and Pacific Americans do not suffer the discrimination and disadvantages associated with other minority groups.

The stereotyping of the Asian Americans by White Americans as the success model among minority groups by virtue of hard work, education, thrift and initiative has lulled the general public into an attitude of "benign neglect" to the extent that Asian American concerns are considered secondary to the problems of the other minority groups. The general public fails to understand that except for the common facts of immigration and residence in the United States, the Asian Americans represent a heterogeneous and complex group.

The successive waves of Asians who have come to the United States have experienced a repetitive history of labor exploitation, blatant discrimination and violence. The Asian Americans responded to this overwhelming racism by withdrawing, accepting, uncomplaining and simply as "quiet Americans." This quiescence has penalized them

harshly since it fostered the attitude of benign neglect among public and private officials to the extent of excluding Asian Americans as a significant minority group. This has been further compounded by the paucity of Asian Americans in policy and decision-making, high administration and management positions in government and private industry.

When the President's Commission on Mental Health was established in February of 1977, not a single Asian Pacific American was named among the eight minorities appointed to the twenty member Commission. In spite of our efforts to promote equal opportunities and civil rights for ethnic minorities, Asian Pacific Americans were completely ignored.

This blatant oversight (to put it kindly) was immediately brought to the attention of the Commission, whose Honorary Chairperson was the First Lady, and although we were unsuccessful in having an APA placed on the Commission, a Special Subpanel on Mental Health of Asian Pacific Americans was named. I was appointed to this Subpanel and I wish to report that this panel of 20 Asian Pacific Americans made an impact on the PCMH Final Report. Today I want to speak on the specific recommendations of our Subpanel.

These recommendations attempt to highlight the many complex problems faced by Asian and Pacific Americans which are affecting their mental health. Further, these problems are eroding their cultural and family systems, the main tenets for their social support and survival in this country. It is hoped that the President's

Commission on Mental Health will read these recommendations thoroughly and will provide a sensitive and concerned response.

Social problems are frequently the consequence of institutional racism, discrimination and colonialism insofar as they fail to recognize the unique characteristics of the Asian and Pacific Americans (e.g., language, cultural values, traditions, family and community supports, etc.). Most public policies which blatantly ignore Asian and Pacific Americans in terms of their unique features are expressions of racism, colonialism, and discrimination.

In the eyes of the Subpanel, the most pervasive mental health problem confronting Asian and Pacific Americans is racism. The effects of racism (e.g., colonialism and institutional) are viewed as being highly detrimental to the mental health of Asian and Pacific Americans. Racism adversely affects the emotional and psychological wellbeing of Asian and Pacific Americans; and it often restricts the resources (e.g., economic and services) available to them. Racism is manifested in discriminatory acts which often have a damaging psychological impact on Asian and Pacific Americans. These acts have frequently been codified in disciminatory legislation, which clearly violates human rights (Owan 1975). Racism is also manifested in derogatory stereotyping of Asian and Pacific Americans as something less than "American." Such stigma has followed Asian and Pacific Americans over the years, often producing a sense of inferiority and second-class citizenship. Institutional racism further operates in the mental health delivery system to ignore the distinct and diverse mental health needs of the Asian

and Pacific Americans and to restrict opportunities to enter the mental health professions. The Subpanel recommends:

1. That existing and proposed mental health policies contain specific provisions which acknowledge the unique cultures, languages, and lifestyles (including immigration experience) of the Asian and Pacific Americans. The Subpanel further recommends support of those policies which recognize and reflect sensitivity to the cultural, racial, and ethnic differences of the Asian and Pacific Americans (e.g., bilingual/bicultural education and affirmative action programs).

Many mental health problems may be prevented, and ameliorated with the elimination of poverty. The United States economic system and its inequities create many societal problems. Mental health problems are among the social ills which are adversely affected by poverty, lack of opportunity, and alienation (Brenner 1977). The Subpanel, therefore, recommends:

2. That the President and Congress quickly enact an income maintenance program which will ensure every person in the United States appropriate economic security, which will promote family solidarity, and an opportunity for capacity building.

From a realistic viewpoint, the APA communities will continue to exist for many reasons and for many years to come. There has been a phenomenal rise in APA populations in this country because of the

increased immigration in the past several years. By 1995, it is projected that APA populations will rise to over four million. Mental Health resources have been underutilized by APAs, and the demand for appropriate and effective mental health services will not be satisfied for a long time without more APA professionals and other trained personnel (Wong 1977).

Due to the passage of the Health Professions Educational Assistance Act of 1976 (PL 94-484) which went into effect on January 10, 1977, Foreign Medical Graduates (FMGs) will have to limit their stay in the U.S. to two years and all exchange visitors must return home for two years before applying for permanent resident status. It is absurd and impossible for FMGs to complete a regular three- to five-year psychiatric residency training program in two years. Over 70% of all FMGs were Asians according to a 1972 HEW publication and the majority of Asian psychiatrists in this country are FMGs. In order to render appropriate professional care for APA populations, bilingual and bicultural, well-educated, and trained FMGs from Asian countries and Pacific Islands are desperately needed. More will be needed in the future. The Subpanel urges strongly:

3. Repeal of Public Law 94-484 because sections of it are considered racist and discriminatory.

The recent experience of Indo-Chinese refugees has heightened the awareness of the difficulties experienced by all immigrants and refugees coming to the United States. Pending legislation proposes

the withholding of basic benefits for an interim period. Such legislation would severely restrict the resources available to immigrant groups at a point in their transition into the U.S. when they are most vulnerable to socio-economic uncertainties (Munoz 1976). The Subpanel recommends as a protective measure that:

4. Immigrants and refugees coming to the U.S. should be allowed the same basic benefits as American citizens. Immigration laws should provide equity, efficiency, and dignity to those wanting to enter the U.S.

The Health Task Force of the Pacific/Asian Coalition reported (1977) that ". . .different language needs should be taken into consideration so as to insure the maximum utilization of the program by non-English speaking populations, including the different ethnic languages of Asian Americans". The availability of mental health personnel whose language and cultural heritage are similar to the client's is obviously very significant. The failure to utilize bilingual-bicultural staff in a centralized relationship results in a disruptive process that seriously contributes to the Third World client's inability to form a positive and continuous attachment to the therapeutic relationship (Miranda and Kitano, p.42). The Subpanel recommends that:

5. The rights of Asian and Pacific American patients in health and mental health settings be duly recognized, particularly as they relate to their unique cultural, linguistic characteristics, and historical/life experiences.

The character of mental health services in this country has been largely determined by white, middle-class standards and values. Mental health service delivery systems have failed to respond to minority groups (Asian and Pacific Americans, Blacks, Hispanics, and Native Americans). In view of this situation, support for the Bill introduced by Senator Daniel Inouye calling for the establishment of a Division or Institute for Minority Group Mental Health Programs is recommended with the following suggested modifications:

6. The enactment of a bill to establish a Division for Minority Group Mental Health Programs to include Asian and Pacific Americans, Blacks, Hispanics, and Native Americans as per Senator Inouye's bill (S2373).

   The addition of item 6 under Sec. 232 (b) to read: "Support other research studies which have application for practice, program design, service delivery, and preventive interventions".

   In (c) omitting "non-profit" and adding "state and local governmental and non-governmental agencies". Thus (c) would read: "The Secretary, acting through the Division, may carry out the provisions of subsection (b) by making grants to, or entering into contracts with State or local governmental and non-governmental agencies".

Resources and funding have been allocated without the consideration of Asian and Pacific American mental and physical health needs.

This situation was due to neglect of input and involvement of Asian and Pacific Americans in the decision-making process. For example, the absence of Asian and Pacific American participation on the National Advisory Mental Health Council and the President's Commission on Mental Health. The Subpanel recommends:

7. Asian and Pacific Americans shall be appointed to serve on the National Advisory Mental Health Council, NIMH, and all other Federal, State, and local governmental boards review committees, commissions, councils, and policy-making bodies, and especially where substantial numbers of Asian and Pacific Americans are affected. As a case in point the Asian and Pacific Americans must be appointed to local and state-wide advisory bodies of the HSAs (PL 93-641) for involvement in planning, decision-making, and review approval (e.g., allocation of 314-D funds, and issuances of certificate of need).

The current mental health resources and funding also have not taken into consideration the mental health needs of the Asian and Pacific American with developmental needs. This situation is due, in part, to the lack of representation and input by Asian and Pacific Americans in key areas of decision making. Presently, there is an inadequate number of Asian and Pacific American representatives in the mental health developmental disabilities agencies' top management, administration, and program planning functions at the national level

who are sensitive, aware and informed about Asian and Pacific Americans with developmental needs.

The entire rehabilitation process is dependent upon appropriate resources within the existing institutions and within the community. Very few rehabilitation facilities throughout the nation specialize in serving the Asian and Pacific American with developmental needs. There exist even fewer facilities and/or agencies that can deal with bilingual and bicultural diversity within the Asian and Pacific American populations. The Subpanel recommends:

8. Asian and Pacific Americans shall be appointed to serve on bodies such as the President's Commission on Mental Health, the President's Commission on Mental Retardation, National Advisory Council on Developmentally Disabled, and all other Federal, state, and local policy-making bodies where Asian and Pacific Americans with developmental needs are affected.

9. That Federal and state funds be specifically allocated for the development and support of bilingual and bicultural rehabilitation programs that serve the Asian and Pacific Americans with developmental needs.

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